

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.
Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form

FORM

DR-2

(Rev. 12/2009)

DISCLOSURE
REPORT

For Office Use Only

Comm. # _____
Logged In _____
Scanned _____
Computer _____
Audited _____

COMMITTEE NAME (Must be same as on Statement of Organization)

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IMPORTANT: Indicate by # type of committee you are reporting for: 6

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Pat Shey

Political Party (if applicable)

n/a

Office Sought
City Council

District (if Senate or House)

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.


SIGNATURE OF PERSON FILING REPORT

319-560-2650
TELEPHONE

5-15-10
DATE SIGNED

I AM FILING A 1-19-10

(report date)

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

12-01-09

County & Local Committees, enter County in
which Election is held
Linn

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 2,352.16

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

2,910.00

Schedule F: Loans Received total (Attach Schedule F)

0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ 5,262.16

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

4,129.80

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ 1,132.36

****UNPAID BILLS** (From Schedule D - Attach Schedule D) \$ 2,238.34

***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) \$ 0.00

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F) \$ 0.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ 726.75

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

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STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
12/1/09	ID# CK#	Mark & Tracy Zimmerman 3000 Pinney Woods SE Cedar Rapids, IA 52403		\$ 50.00	<input type="checkbox"/>
12/1/09	ID# CK#	Terry Gibson & Cary Downs Gibson 2149 Linden Dr. SE Cedar Rapids, IA 52403		100.00	<input type="checkbox"/>
12/1/09	ID# CK#	Roger Baker 4025 Blarney NE Cedar Rapids, IA 52411		500.00	<input type="checkbox"/>
12/1/09	ID# CK#	John Linge 4200 1st Avenue SE Cedar Rapid, IA 52403		200.00	<input type="checkbox"/>
12/1/09	ID# CK#	Greg Dunn 206 Abbottsford SE Cedar Rapids, IA 52403		250.00	<input type="checkbox"/>
12/1/09	ID# CK#	Marc & Kathy Gullickson 258 Abbottsford SE Cedar Rapids, IA 52403		50.00	<input type="checkbox"/>
12/1/09	ID# CK#	Matt Dlouhy 4508 Woodsonia NW Cedar Rapids, IA 52405		300.00	<input type="checkbox"/>
12/1/09	ID# CK#	Doug Olson 2190 Country Club SE Cedar Rapids, IA 52403		250.00	<input type="checkbox"/>
12/1/09	ID# CK#	Gary Streit 1646 Berry SE Cedar Rapids, IA 52403		200.00	<input type="checkbox"/>
12/2/09	ID# CK# 1665	Laurie J. Zaiger 3220 Blue Ridge Dr. NE Cedar Rapids, IA 52402		100.00	<input type="checkbox"/>

SUB-TOTAL

\$ 2000.00

TOTAL (if last page of this schedule)

\$

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 2
(for Schedule A)

For Instructions, See Back of Form

Reset Form

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS



CHECK THIS BOX IF
AMENDING FORM

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

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STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
12/2/09	ID# CK# 1866	H. Thomas Reed 3800 Cottage Grove Ave. SE Cedar Rapids, IA 52403-2125		\$100.00	<input type="checkbox"/>
12/2/09	ID# CK# 1701	Rodney R. Jiruska 6 Sylvan Lane SE Cedar Rapids, IA 52403-1554		100.00	<input type="checkbox"/>
12/2/09	ID# CK# 8286	Frederick G. Timko 3710 Carbry Ct. NE Cedar Rapids, IA 52402		100.00	<input type="checkbox"/>
12/2/09	ID# CK# 3020	Brent C. Oleson 730 Bermier Dr. Marion, IA 52302		100.00	<input type="checkbox"/>
12/4/09	ID# CK# 2283	Dave W. Engle P.O. Box 708 Marion, IA 52302		500.00	<input type="checkbox"/>
12/7/09	ID# CK# 2028	Karen Ann Pelletier 515 Augusta Drive SE Cedar Rapids, IA 52403		10.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 910.00

TOTAL (if last page of this schedule)

\$ 2910.00

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

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DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
12/01/09	ID# CK#5056	Capital Resources 700 East Pleasant St. Brooklyn, IA 52211	Voter ID, auto calls	\$ 1404.30
12/02/09	ID# CK#		Unitemized expenditure	3.00
12/11/09	ID# CK#	Cedar Rapids Bank & Trust 500 1st Avenue NE Cedar Rapids, IA 52401	Erroneous debit memo. Bank teller took money out of wrong account. Funds to be returned in 2010.	22.50
12/15/09	ID# CK#5059	deNova Alternative Marketing 222 Third St SE, Ste 228 Cedar Rapids, IA 52401	Design, printing, marketing advice	2700.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 4129.80
TOTAL (if last page of this schedule)				\$ 4129.80

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(l).)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

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NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

Reset Form

SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
(DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
10/30/09	Pat & Nancy Shey 501 Knollwood Dr. SE Cedar Rapids, IA 52403	Auto calls reimbursement	\$ 395.00
11/13/09	Pat & Nancy Shey 501 Knollwood Dr. SE Cedar Rapids, IA 52403	US Post Office \$500.00, Office Max \$74.75, Office Max \$28.86 Federal Express \$9.73	613.34
10/01/09	MediaQuest 221 2nd Ave. SE Cedar Rapids, IA 52401	Electronic billboard	750.00
11/17/09	Compass Advertising 417 1st Ave. SE Cedar Rapids, IA 52401	Production of TV Ad	480.00
SUB-TOTAL			\$ 2,238.34
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 2,238.34

*If actual figure is unknown, show "estimated" beside the figure.

Page 1 of 1
(for Schedule D)

CANDIDATE COMMITTEES NOTE:

*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

RESET

SCHEDULE

H

(Rev. 02/08)

CAMPAIGN
PROPERTY**THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY**

COMMITTEE NAME (Must be same as on Statement of Organization)

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ATTACH SCHEDULE H TO
EACH REPORT, MAKING
CHANGES AS REQUIRED.☐ CHECK THIS BOX IF
AMENDING FORM**PART I - ONGOING INVENTORY OF CAMPAIGN PROPERTY**

Date Purchased (Schedule B) or Date Received (Schedule E) (MM/DD/YR)	Description of Property	Purchase Price or Est. Value When Acquired*	Current Value at Fair Market This Report
09/17/09	Power Point Projector	855.00	726.75

TOTAL VALUE CAMPAIGN PROPERTY THIS REPORT (TRANSFER TO SUMMARY PAGE) \$ 726.75* If estimated, show **est.** beside figure.**PART II - SALES OR TRANSFERS OF CAMPAIGN PROPERTY ****

Date (MM/DD/YR)	Name and Address of Purchaser/Donee	Description of Property	Sold? Y/N	Sale Price	Value of Donation

TOTALS \$ _____ \$ _____

** PROPERTY SALES & TRANSFERS TOTAL (TRANSFER TO SUMMARY PAGE) \$ _____

(Attach Additional Schedules if Needed)